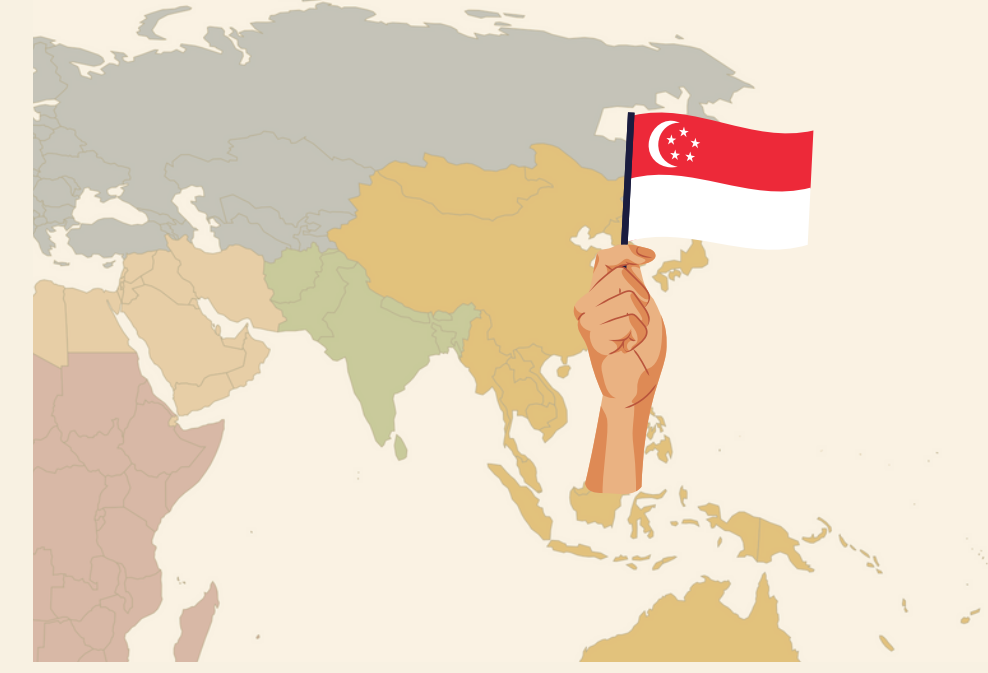


Reflections as a clinician in persistent pain management from a Singapore context

Prevalence of persistent pain in Singapore is 8.7%



Background

- The type of health care provider practice (public vs. private) influences the care pathways and outcomes of managing patients with persistent pain.
- Similarly, limited awareness of persistent pain among health care providers (HCPs) and people living with pain influence clinical outcomes.

Aim

Using two case-studies, this poster aims to highlight the referral practices, care pathways, and management strategies as a pain management physiotherapist in Singapore.

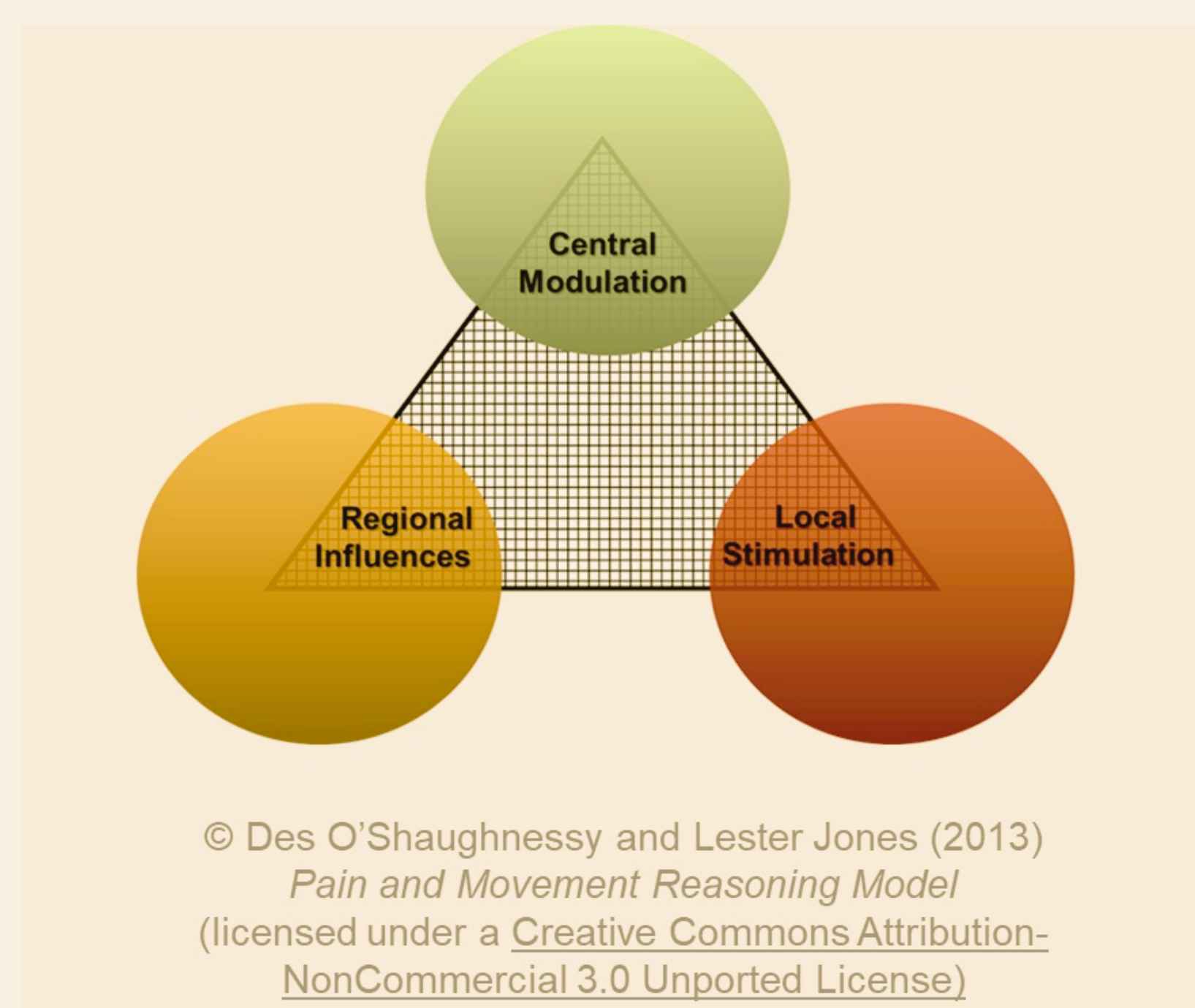
Private practice

Patient A



Explained the biopsychosocial impact of pain on function, suggested referrals to pain psychologist, pain physician with ongoing inputs from physiotherapist.

Patient B



4-5 sessions before being referred to other HCPs. Educated professionals, working class, nil language barrier

No family involvement & paid out of pocket

Unable to accept persistent pain; biomedical beliefs, feeling of not getting appropriate care

Second opinion with another physiotherapist & spine surgeon

Spousal involvement & good financial coverage

Had pain physio, Traditional Chinese medicine practitioner, psychologist & psychiatrist inputs

Returned to work at 8 months since initial visit to physiotherapist

Reflections and conclusion

- The applicability of the biopsychosocial framework in Singapore remains challenging due to pathoanatomically driven practice and “quick fix” management options in private practices.
- The social and cultural aspects of pain from a Singapore context is unknown.
- There is a need to explore and understand the causal beliefs of people with pain and HCPs in a multicultural country like Singapore that can inform culturally adapted BPS care for persistent pain management.

References

1. Yeo, S. N., & Tay, K. H. (2009). Pain prevalence in Singapore. *Annals of the Academy of Medicine, Singapore*, 38(11), 937–942.
2. Jones, L. E., & O'Shaughnessy, D. F. (2014). The pain and movement reasoning model: introduction to a simple tool for integrated pain assessment. *Manual therapy*, 19(3), 270–276. <https://doi.org/10.1016/j.math.2014.01.010>
3. Yoshikawa K, Brady B, Perry MA, Devan H. Sociocultural factors influencing physiotherapy management in culturally and linguistically diverse people with persistent pain: a scoping review. *Physiotherapy*. 2020 Jun;107:292-305. doi: 10.1016/j.physio.2019.08.002. Epub 2019 Aug 9. PMID: 32026832.